

STATE OF MARYLAND – DEPARTMENT OF BUDGET AND MANAGEMENT

MEDICAL EXAMINATION FOR EMPLOYMENT

DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ ZIP CODE: _____

AGENCY/DEPARTMENT _____ POSITION APPLIED FOR: _____

MEDICAL QUESTIONNAIRE

Are you well as far as you know?Are you under medical treatment?

List medications or other forms of therapy

.....

Any recurring health related problem that is likely to cause loss of time from work?

Past hospitalizations

Do you have problems with:

Allergies (asthma, hayfever, eczema, hives, etc.)

Disabling headaches Difficulty seeing Hearing

Heart (murmurs, irregular beats) Hypertension

Pain in calves when walking, leg ulcers, varicose veins

Lungs (shortness of breath, wheezing, cough)

Stomach, gallbladder, liver, bowel habits, hernias

Kidneys, bladder, urinary infections

Use of arms, hands, legs, feet

Lower back, disc, joints, arthritis

Seizures (fits, convulsions)Nervous conditions

Blood, lymph glands

Did alcohol or drug usage ever interfere with your health or work performance?

.....

I have read and/or have had explained to me the responsibilities, functions and work environment of a

.....,

the job which has been offered to me, and attest that, to the best of my knowledge, I am physically and mentally capable of the safe and effective performance of all the job-related functions of this classification.

I ☐ have ☐ have not previously received a pre-employment physical for State employment. If previously rejected, it was (Check One)

for the following reason(s)

APPLICANT'S SIGNATURE



PHYSICAL EXAMINATION

GENERAL APPEARANCE SEX: M F

HEIGHTWEIGHTPULSEBLOOD PRESSURE

EYES: Vision ft. R R

without glasses
or contact lenses corrected

L L

Color Blindness Yes No

HEARING: Whispered 20 ft.

HEAD AND NECK: THYROID:

SKIN: LYMPH NODES:

CHEST: BREASTS:

HEART:

LUNGS:

ABDOMEN: HERNIAS:

GENITALIA (only when indicated by history)

RECTAL (only when indicated by history)

SPINE:

EXTREMITIES: Joints Varicosities

Edema Pulses Skin

NERVOUS: MENTAL

LABORATORY STUDIES:

URINE: Albumin Sugar Blood PPD (TINE)

OTHER:

Health problems limitations (list):

Do health problems represent substantial limitation on any major life activities: hearing, seeing, speaking, breathing, performing manual tasks,
learning, etc., (describe):

Examining Physician: Date:
(Print name below signature)